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Atty. Docket No. YOR920000390US1
(590.023)

**RESPONSE UNDER 37 CFR 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2654**

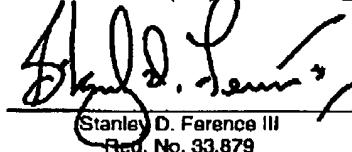
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.
Serial No. : 09/670,251 Examiner : M. Lerner
Filed : September 26, 2000 Art Unit : 2654
For : LATTICE-BASED UNSUPERVISED MAXIMUM
LIKELIHOOD LINEAR REGRESSION FOR
SPEAKER ADAPTATION

December 1, 2006

SECOND AMENDMENT AFTER FINAL

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being transmitted by facsimile to the Commissioner for Patents on facsimile number (671) 273-8300 on December 1, 2006.



Stanley D. Farence III
Reg. No. 33,879

December 1, 2006
Date of Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated September 1, 2006, please amend the above-identified application as set forth below.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

FERENCE & ASSOCIATES

409 Broad Street
Pittsburgh, Pennsylvania 15143
Phone: (412) 741-8400
Fax: (412) 741-9292
Web: www.ferencelaw.com

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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: December 1, 2006
Pages: 11 pages (including this cover sheet)

MESSAGE:**RESPONSE UNDER 37 CFR 1.116**
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2654

LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD
LINEAR REGRESSION FOR SPEAKER ADAPTATION
Application No. 09/670,251
Examiner M. Lerner
Art Unit 2654

Amendment Transmittal
Second Amendment After Final

YOR920000390US1
(590.023)

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ERENCE & ASSOCIATES
Amendment Transmittal

DEC 01 2006 Attn: Docket No. Y0R920000390US1
(590.023)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.
Serial No. : 09/670,251 Examiner : M. Lerner
Filed : September 26, 2000 Group Art Unit : 2654
For : LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD
LINEAR REGRESSION FOR SPEAKER ADAPTATION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. Small Entity status of this application has been established by a verified statement previously submitted.

4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on December 1, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ferencz III
(Type or print name of person transmitting paper or fee)

Stanley D. Ferencz
(Signature of person transmitting paper or fee)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. Y0R920000390US1
(590.023)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY				
			x	RATE \$25	= FEE	OR	x	RATE \$50	= FEE	
Total Claims	4	** 20	= * 0	x						
Ind. Claims	2	*** 3	= * 0	x	\$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	OR	+	\$360	=
					TOTAL	= \$_____	OR	TOTAL	= \$_____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

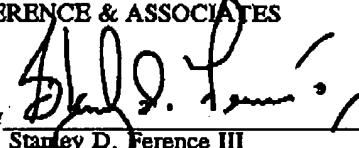
8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: December 1, 2006

Mailing Address:

Customer No. 35195
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409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile